CEP Specialist Training

▪▪▪

Provider Payments Unit & In-Home Services

Seniors & People with Disabilities

▪▪▪

2010

Some of the materials in this training packet contain client information. Please keep in mind the confidential nature of the information and please do not share the packet outside your immediate work area. Thank you.

Section 1

Staff Listing

Staff Listing

Provider Payment Unit

Seniors & People with Disabilities

Manager
Patty Hall **503-945-6453**

Employment verifications
Forcing/creating vouchers
Overpayments/underpayments
Corrections to W-2's
Returned provider checks
Janice Castle **503-947-5346**

Provider enrollment
Kerry Mandero **503-945-5820**

Direct Deposits

Send direct deposit requests to:
SPD Direct Deposit Unit
P.O. Box 14960
Salem, OR 97309-5045
503-947-1141

Garnishments

Send garnishment requests to:
DHS Office of Financial Services, Accounts Receivable Unit
500 Summer St. NE, E-79, Salem, OR 97301
1-866-631-0745

In-Home Services Unit

Manager
Angela Munkers **503-945-6985**

Client-Employed Provider Program
Jenny Cokeley **503-945-5799**

Unemployment Claims
Gayle Holderby **503-945-6408**
Gayle's Fax 503-945-7029

Fax **503-947-4245**

Oregon Home Care Commission

Executive Director
Cheryl Miller **503-378-2733**

Registry & Referral System
Nancy Janes **503-378-4050**

Workers' Compensation Coordinator
Kelly Rosenau **503-378-3099**

Workers' Compensation Claims Assistance for HCWs
888-365-0001

Union Related

SEIU
(Service Employees International Union, Local 503, OPEU)
Salem (resource line) **800-452-2146**
Salem (local) **503-581-1505**
Portland **800-427-9374**
Portland (local) **503-408-4090**

HUBB
(Homecare Union Benefits Board, LLC)
P.O. Box 12159, Salem, OR 97309-0159
www.hubbinsurance.org
info@hubbinsurance.org

Local (Salem)	**503-364-4822**
Toll Free	**866-364-4822**

Background Check Unit

Manager

Jeff Akin	**503-378-3356**
Status of Outstanding Applications	**503-378-5470** **888-272-5545** **(Choose #4)**
Hearings & Policy Analyst	
Kelly Myrick-Duckett	**503-378-5628**
Main Line	**503-378-5470**
Toll Free	**888-272-5545**

Send appeals to:
DHS- BCU
P.O. Box 14870
Salem, OR 97309-5066

Distribution Services

Questions about ordering publications/forms/brochures on FBOS

Monty Beam	**503-373-1342**

DHS Accounting

DHS Forgery Services	**503-945-5640**

Office of Information Systems

Service Desk	**503-945-5623**

On Groupwise as SERVICEDESK

Section 2

Resources

SPD Case Management Tools Website

http://www.dhs.state.or.us/spd/tools/cm/index.htm

On the main page, you will find links to rules, tools, guides, and manuals.

Under the Homecare Worker section, you will find:

- **Chapter 411 Division 031 rules for the CEP Program**
- **Collective Bargaining Agreement**
- **Homecare Workers' Procedure Manual**
- **HCW Termination web page**
- **Link to the Registry & Referral System (RRS)**
- **RRS User Manual for Staff**
- **CEP Employers' Guide**
- **Homecare Workers' Guide**
- **Safety Manuals (Employer and HCW)**
- **Frequently Asked Questions**
- **Provider Guides for Oregon ACCESS**
- **Forms (listing & link to forms server)**
- **SPD Transmittals**

Oregon ACCESS Provider Maintenance Guide

http://www.dhs.state.or.us/spd/tools/cm/provguides/maintenance.pdf

How to add a HCW provider record

- **Process Overview**
- **Provider Search**
- **Provider Overview Screen**
- **Provider Add Screen**
- **Provider Maintenance Overview Screen**
- **Provider Detail Screen**
- **Provider Credential Screen**

Oregon ACCESS Provider Maintenance Guide (cont.)

- **Changing Provider Credentials**
- **Verification**
- **Financial/Tax Screen**
- **Address Screen**
- **Maintaining an Existing HCW Provider Record**

Homecare Workers' Procedures Manual

http://www.dhs.state.or.us/spd/tools/cm/homecare/manual/index.htm

Found on the Case Management Tools website on the Homecare Worker page. A few topics include:

- **Age Exceptions**
- **Criminal History Checks**
- **Direct Deposit**
- **Enrollment in the CEP Program**
- **Orientation**
- **Paid Leave**
- **Termination**
- **Gloves and masks**

SPD Support Staff Assistance Manual

http://www.dhs.state.or.us/spd/tools/additional/ssam/index.htm

See Section III: Provider Payment Systems
A. Criminal History Checks
B. CEP Payment System
C. Other Provider Payment Related Procedures

Resources *(cont.)*

DHS Criminal History Checks

http://www.oregon.gov/DHS/chc/

On this site, you will find:

- **Updated OAR's**
- **Provider Crime List (updated 1/09)**
- **Record Retention Schedule**

U.S. Citizenship & Immigration Services

http://www.ucis.gov

On this site, you will find:

- **Form I-9, Employment Eligibility Verification**
- **Publication M-274, "Handbook for Employers: Instructions for Completing Form I-9"**

Section 3

Screens

Frequently Used Mainframe Screens

Providers

SPVF

This screen allows you to search for a provider by name or social security number when you do not have the provider number. Once you select a provider, it will take you to PRV8.

PRV8, provider # (view only)

This screen is the Provider File Information screen. It will list:
Name
Provider Type
Date of Birth
SSN/TIN
Physical and Mailing Address
Telephone Number
Branch
Credential/Enrollment Status
Date of Original Application

Issue & Pay Vouchers

HATH, Prime #, Provider
OATH, Prime #, Provider # (OPI only)

These screens are used for the online entry of authorization to generate a voucher.

HATH, Voucher

This screen is used to inquire about a particular voucher.

HPAY, Voucher
OPAY, Voucher # (OPI only)

These screens allow you to pay a provider.

Issue & Pay Vouchers (cont.)

HRDY, Branch

This screen displays all vouchers by branch in ready to pay status. It will also allow you to print voucher information at a local printer, if desired.

Payment History

HINQ, P, Provider

This screen displays the payment history for provider.

HINQ, V, Voucher

This screen displays the information about a particular voucher.

HINQ, R, Prime

This screen displays all of the vouchers for a particular client (Title XIX and OPI).

HADJ, Voucher

This screen shows adjustments made to a particular voucher. These adjustments are made by the SPD Provider Payment Unit.

HPAD, Branch #, YYMMDD

This screen displays all vouchers for the branch that have been paid. It will also allow you to print voucher information at a local printer, if desired.

RCIQ

This is the check status screen. You can look up information by:

- Check Number – will show you when the check was issued & paid
- Payee ID Number – will show all the payments for this provider
- Payee Name (partial) – " "
- Payee Name (exact spelling) – " "

Payment History (cont.)

HFIQ, Provider #

This screen shows provider tax information by quarter and year. This screen can be used for employment verifications. For a specific year:
HFIQ, provider #, 9, year

Paid Leave Available

HRSP, Provider #

This screen shows the paid leave hours earned for live-in providers.

SHLQ, Provider #

This screen shows the paid leave hours earned for hourly providers.

Recoupments, Deductions, & Garnishments

SLIA, P, Provider #

This screen shows if a provider has had recoupments, garnishments, voluntary deductions, etc.

SUDI, Provider #

This screen provides information about SEIU dues deductions & whether a HCW is a union member for fair share. You access this screen through SVDM.

SPRQ, Provider #

This screen shows recoupments when an adjustment has been done because a provider is overpaid.

SHHW, Provider #

This screen shows the number of hours worked each month for health insurance.

Client Service Eligibility

SELG, Prime #

This is the CAPS service eligibility inquiry screen. This screen will tell you if a client is service eligible.

Mobius Reports ("View Direct")

RD2

F2 = Print F3 = End F7 = Up
F8 = Down F10 = Left F11 =Right
If the message "100000 lines searched" appears, enter F5 until the right HCW is found.

Name/Social Security Number Discrepancy **SJM0210R-B**
(Greater than 90 days)

Terminated Providers **SJM0305R-B**
(This report lists the providers whose credentials have expired after the two year time-frame.)
Providers Due for Review in 1 Month **SJM0315R-A**
Providers Due for Review in 2 Months **SJM0315R-B**
Providers Due for Review in 3 Months **SJM0315R-C**
(These reports show when the credentials are due to expire if action is not taken)

Provider Credentials Ended- Not Working in the Past Year **SJM0320U-A**

Client-Employed Service Authorization Report **SJH2220R-A**
(shows outstanding vouchers more than 30 days old)

Remittance Advice **SJH1415R-A**
(On mobius, select the day prior to the check date listed on HINQ)
Example: If check date is 3/3/09 on HINQ, you would select 3/2/09 on mobius.

Payment Voucher Report **SJH115DP**
(can be used to reprint vouchers)

Helpful Hint:

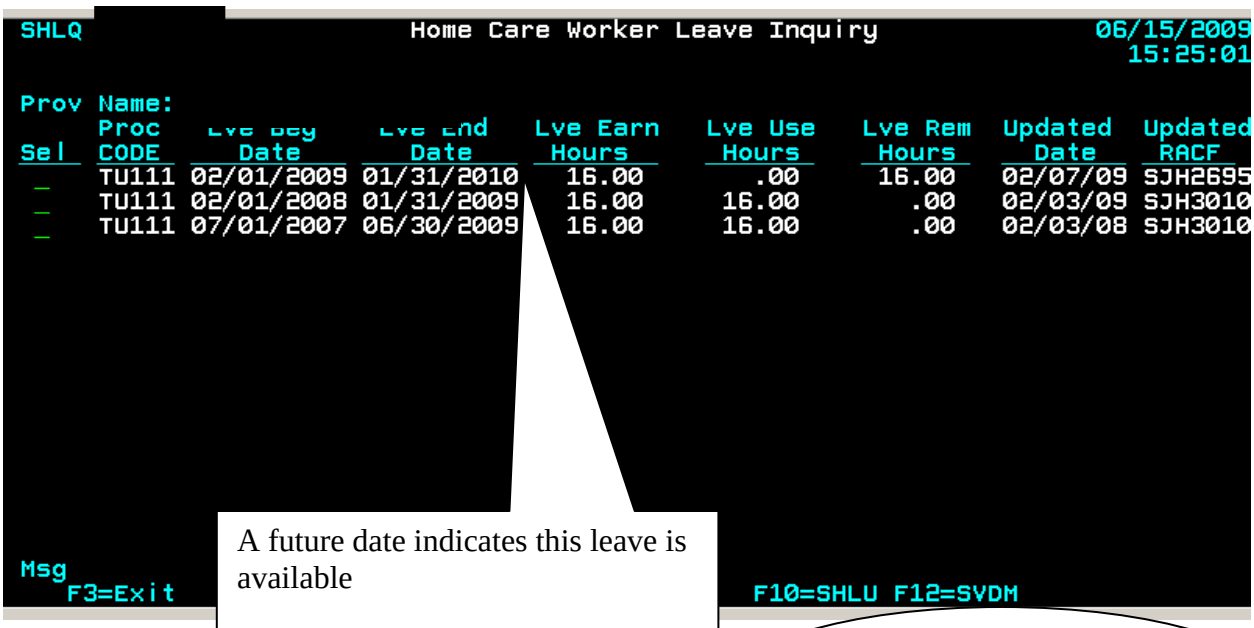
When you are looking for a specific individual, at the command prompt, enter:

F space Provider # enter

Section 4

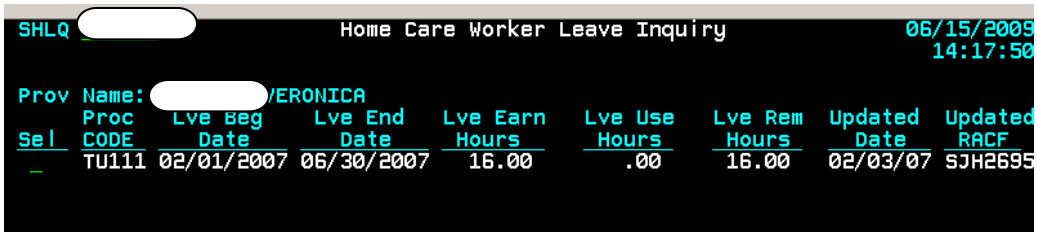
Issuing Paid Leave

Hourly HCW leave accrual screen: SHLQ, provider #

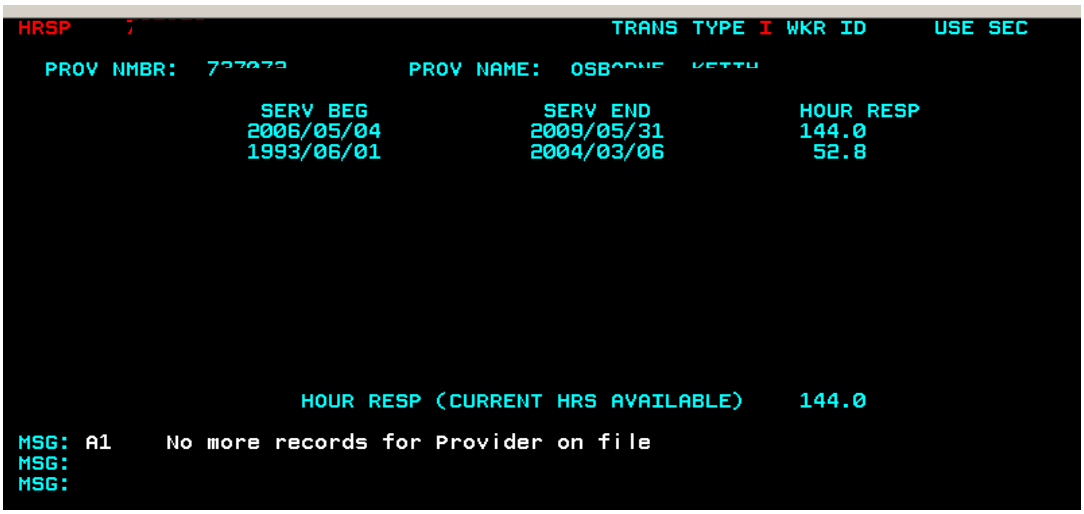

SHLQ
Home Care Worker Leave Inquiry
06/15/2009
15:25:01
Prov Name:
Sel | Proc CODE | Lve Beg Date | Lve End Date | Lve Earn Hours | Lve Use Hours | Lve Rem Hours | Updated Date | Updated RACF
_ TU111 02/01/2009 01/31/2010 16.00 .00 16.00 02/07/09 SJH2695
_ TU111 02/01/2008 01/31/2009 16.00 16.00 .00 02/03/09 SJH3010
_ TU111 07/01/2007 06/30/2009 16.00 16.00 .00 02/03/08 SJH3010
Msg
F3=Exit
F10=SHLU F12=SVDM

A future date indicates this leave is available

A later date indicates the benefit is no longer available



Live in leave accrual HRSP, provider #



Paid Leave for Hourly Homecare Workers

Paid leave for hourly HCWs are issued on a separate voucher using the TU111 procedure code. Example: If a HCW is authorized 80 hours per month, and they want to take 8 hours of paid leave, the regular hours worked will be issued on one voucher for 72 hours and the paid leave voucher using the TU111 procedure code will be for the other 8 hours.

If the HCW has multiple clients, the voucher will be issued under the name of the client the HCW would otherwise be working for that day. If the HCW normally provides services to more than one client on the same day, the leave will be attributed to the day and shift in which they are taking their paid leave.

To issue paid leave vouchers:

- Cancel the original voucher with the OC111 procedure code (ex. 80 hours)
- Reissue the voucher with the OC111 procedure code with the hours worked for the correct number of hours (ex. 72 hours)
- Issue the paid leave voucher with the TU111 procedure code (ex. 8 hours). The hours paid on this voucher will be subtracted from the SHLQ screen.

If the HCW chooses not to use their paid leave and ends up working the maximum hours indicated on the original voucher:

- Cancel the paid leave voucher with the TU111 procedure code since the leave was not taken
- Cancel the voucher that was issued with the fewer hours with the OC111 code
- Issue a new voucher with the full maximum monthly hours indicated on the original voucher

If the HCW is paid twice per month and is taking leave the first half of the month:

- Cancel the voucher for the first half of the month (ex. 40 hours)
- Reissue a new voucher using the OC111 procedure code for the first half of the month with few hours (ex. 32 hours)
- Issue the paid leave voucher using the TU111 procedure code (ex. 8 hours)
- The voucher for the second half of the month would be issued with the hours as normal (ex. 40 hours)

If the HCW is paid twice per month and is taking leave the second half of the month:

- The first half of the month will be paid as usual (ex. 40 hours)

- Cancel the voucher for the second half of the month if it was already issued
- Reissue the voucher using the OC111 procedure code with few hours (ex. 32 hours)
- Issue the paid leave voucher using the TU111 procedure code (ex. 8 hours)

Paid Leave for Live-In Providers

Live-In HCW time off per the Collective Bargaining Agreement must be taken in hourly increments of 4-12 hours or in 24 hour block of time. In order to issue the relief voucher, there has to be an OC112 voucher for the on-going live-in for the time period the live-in wants to take off.

Example: On-going live-in wants to take 3/13/2010 off, there has to be an OC112 voucher for the on-going live-in. For example: 3/1-3/15/2010 or 3/1-3/31/2010.

Relief vouchers are issued for (1) day only, no matter how many days they want to take off in a row.

Example: On-going live-in wants to take 3/13/2010 off; the voucher would be 3/13/2010 to 3/13/2010. More than one day cannot be put on the relief voucher, so if they wanted to take 3/13-3/15/2010 off, the vouchers would be 3/13/2010 to 3/13/2010, 3/14/2010 to 3/14/2010 and 3/15/2010 to 3/15/2010.

If the on-going live-in does not have the leave available and wants to take leave without pay, issue the relief voucher the same way as if they have the leave available. Upon issuance a message will come up that warns you the on-going live-in will have leave without pay. The on-going live-ins voucher will be automatically adjusted for the leave without pay. The calculation figures out the average hours worked in a day.

Please do not change the authorized hours to accommodate the leave without pay since the system will do it for you now.

*If the on-going live-in voucher is in authorization status, the authorized hours will be reduced to reflect the live-in leave.

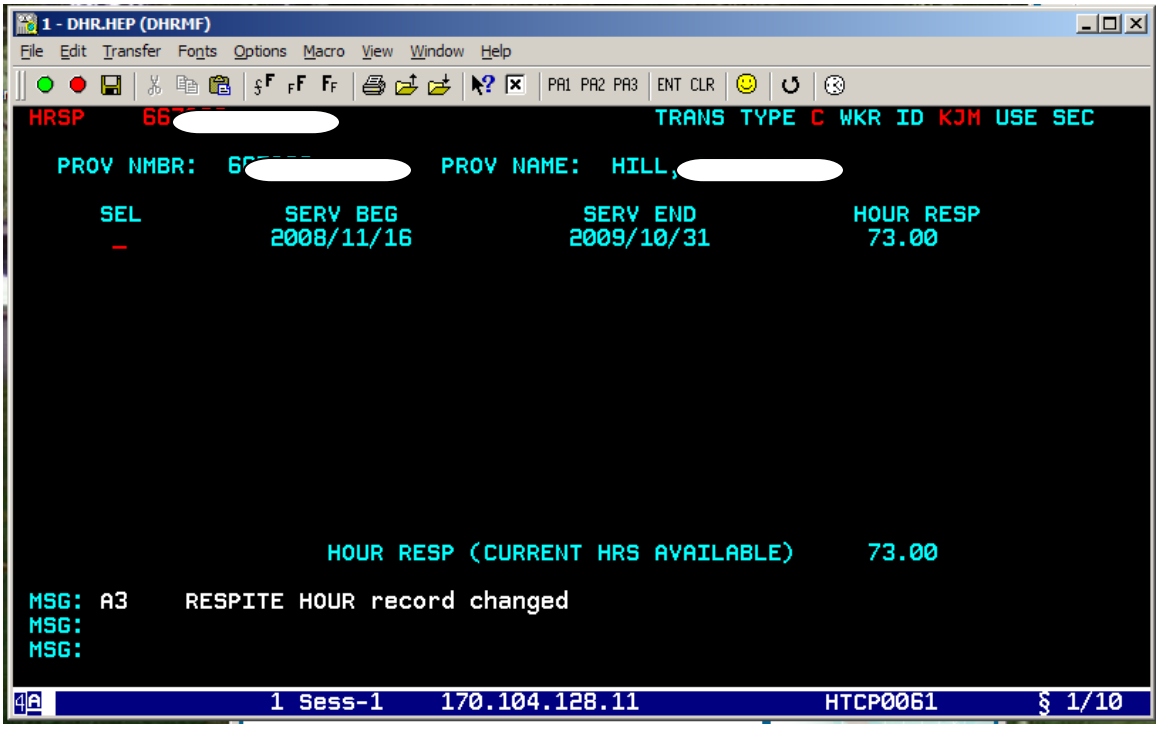
*If the on-going live-in voucher is in paid status an overpayment will be generated and we will collect at 100% of what is owed for the leave without pay.

If an OC115 relief voucher is deleted, it will add the leave hours back to the HRSP screen for the on-going live-in. If the OC112 voucher for

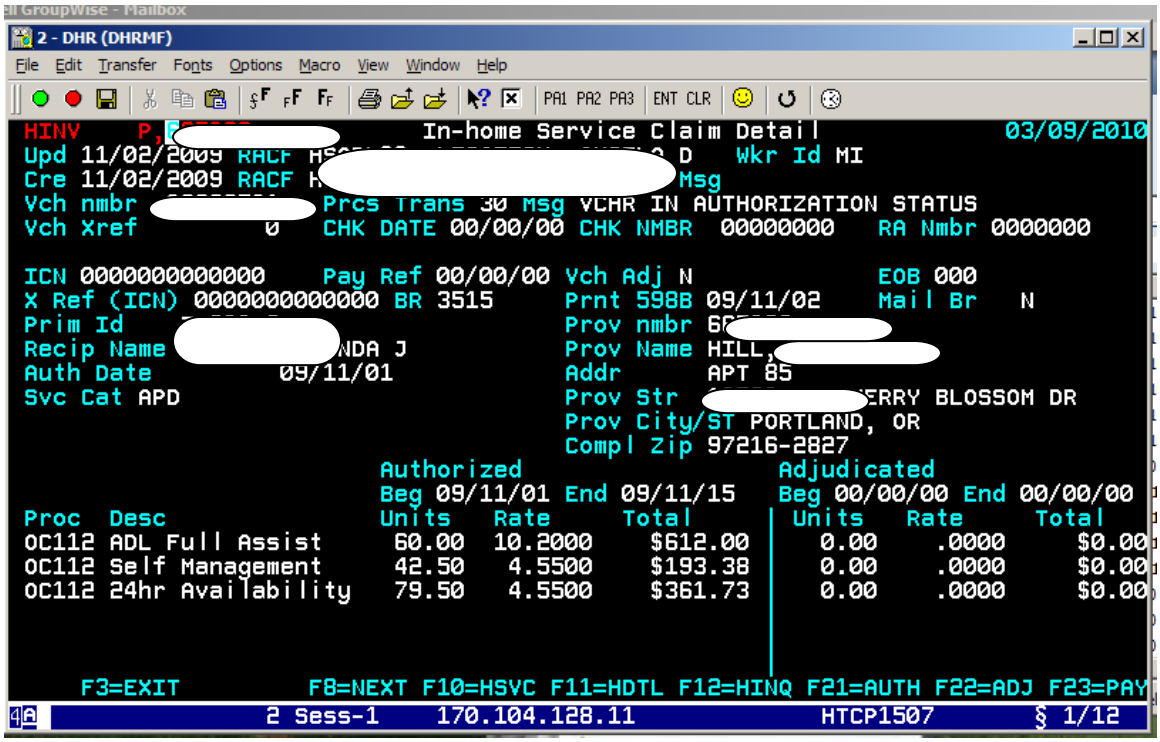
the on-going live-in was reduced due to leave without pay, the hours will be put back to what the hours were originally.

If a HCW wants to take time off and natural supports are providing the relief care, use the Natural Supports provider number 723118 to create the relief voucher. This number should be used for all local offices statewide. The voucher is created the same way as the other relief vouchers but that number is used instead of another HCW provider number. When the Natural Supports provider number is used it will reduce the HRSP screen by however many hours the On-going HCW is going to take off. If they do not have enough leave available, it could result in leave without pay. The local office will no longer be required to email Janice Castle in central office to have the hours removed from the HRSP screen manually.

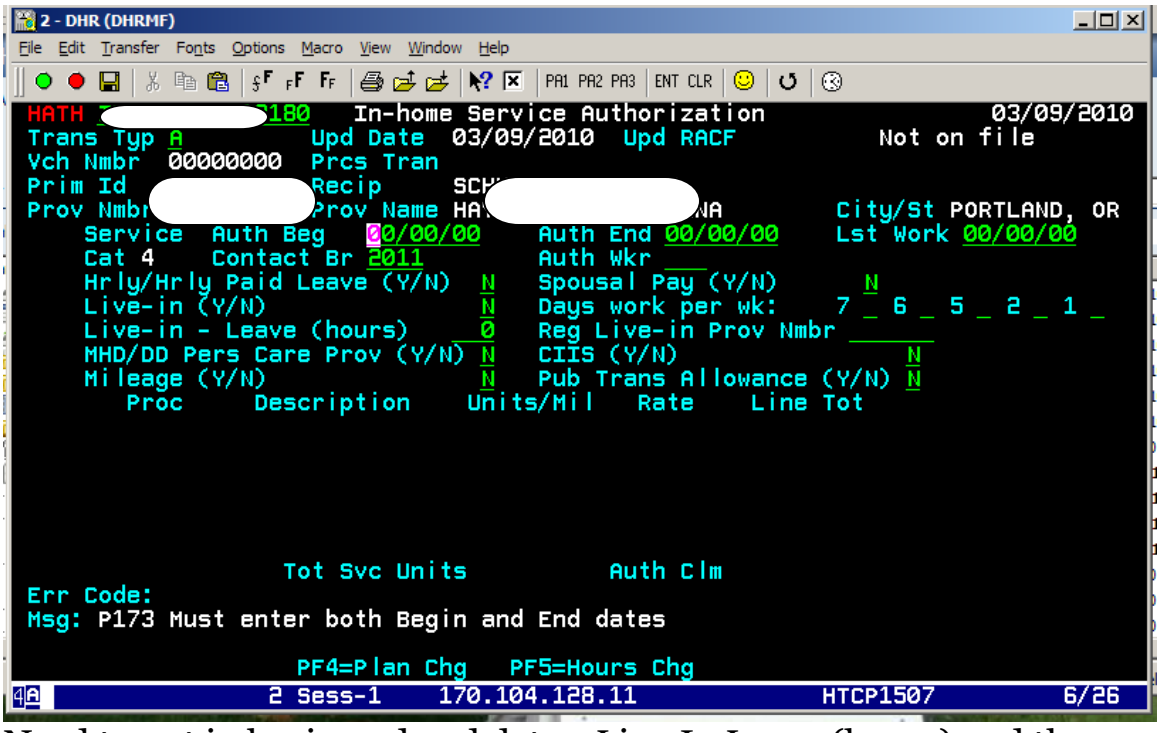
Screen Samples below:



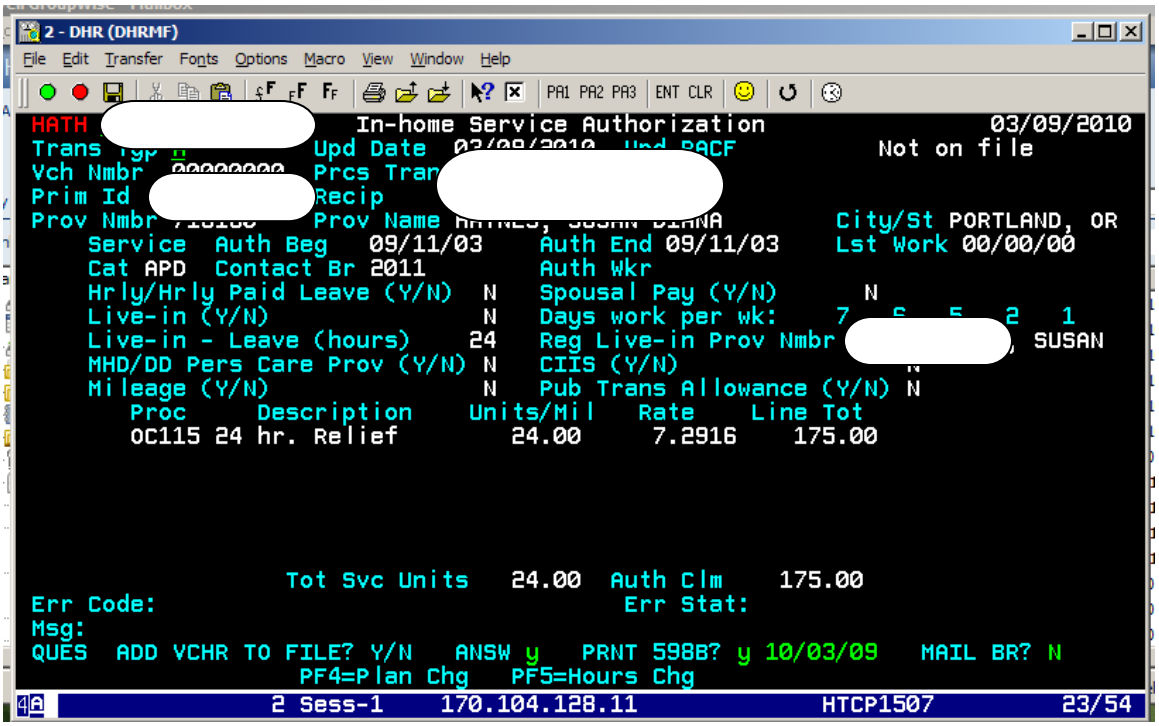
On-going live-in has 73 hours available and wants to take off 11/3-11/7/2009 in 24 hours blocks each day.


2 - DHR (DHRMF)
File Edit Transfer Fonts Options Macro View Window Help
PA1 PA2 PA3 ENT CLR
HINV P In-home Service Claim Detail 03/09/2010
Upd 11/02/2009 RACF D Wkr Id MI
Cre 11/02/2009 RACF Msg
Vch nmbr Prcs Trans 30 Msg VCHR IN AUTHORIZATION STATUS
Vch Xref 0 CHK DATE 00/00/00 CHK NMBR 00000000 RA Nmbr 0000000
ICN 0000000000000 Pay Ref 00/00/00 Vch Adj N EOB 000
X Ref (ICN) 0000000000000 BR 3515 Prnt 598B 09/11/02 Mail Br N
Prim Id Prov nmbr
Recip Name NDA J Prov Name HILL,
Auth Date 09/11/01 Addr APT 85
Svc Cat APD Prov Str ERRY BLOSSOM DR
Prov City/ST PORTLAND, OR
Compl Zip 97216-2827
Authorized Adjudicated
Beg 09/11/01 End 09/11/15 Beg 00/00/00 End 00/00/00
Proc Desc Units Rate Total Units Rate Total
0C112 ADL Full Assist 60.00 10.2000 $612.00 0.00 .0000 $0.00
0C112 Self Management 42.50 4.5500 $193.38 0.00 .0000 $0.00
0C112 24hr Availability 79.50 4.5500 $361.73 0.00 .0000 $0.00
F3=EXIT F8=NEXT F10=HSVC F11=HDTL F12=HINQ F21=AUTH F22=ADJ F23=PAY
2 Sess-1 170.104.128.11 HTCP1507 § 1/12

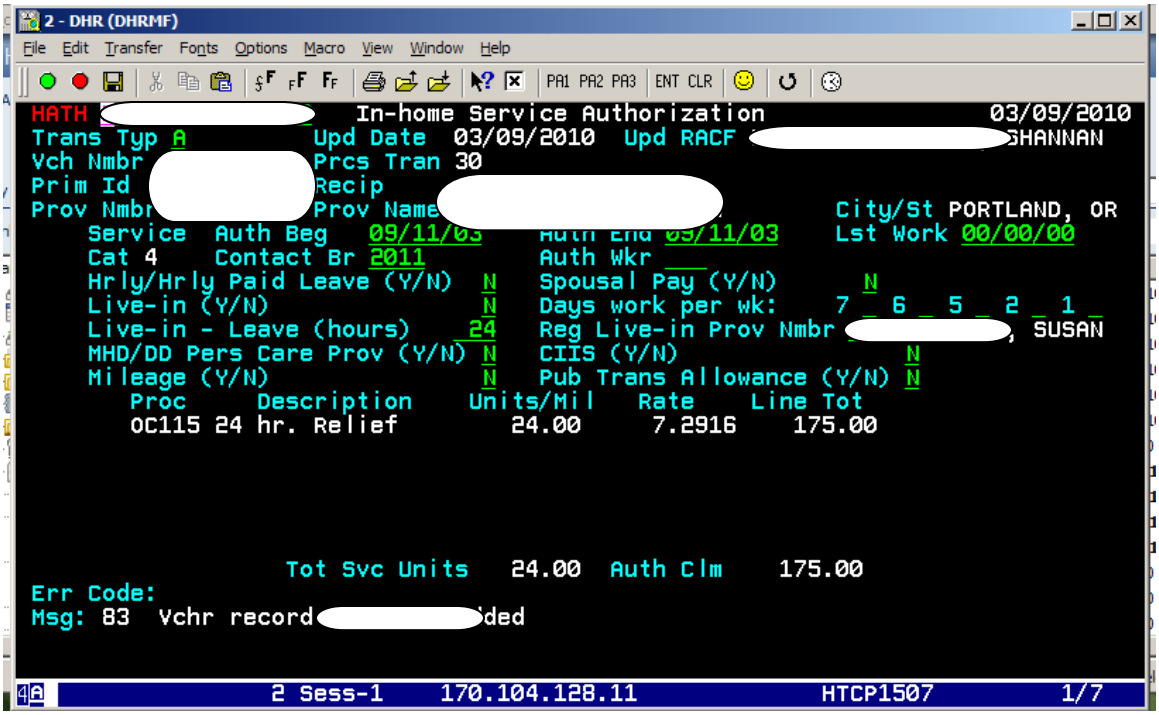
On-going live-ins OC112 voucher for the appropriate time period 11/1-11/15/2009 in authorization status.


2 - DHR (DHRMF)
File Edit Transfer Fonts Options Macro View Window Help
PA1 PA2 PA3 ENT CLR
HATH 180 In-home Service Authorization 03/09/2010
Trans Typ A Upd Date 03/09/2010 Upd RACF Not on file
Vch Nmbr 00000000 Prcs Tran
Prim Id Recip SCH
Prov Nmbr Prov Name HA NA City/St PORTLAND, OR
Service Auth Beg 00/00/00 Auth End 00/00/00 Lst Work 00/00/00
Cat 4 Contact Br 2011 Auth Wkr
Hrly/Hrly Paid Leave (Y/N) N Spousal Pay (Y/N) N
Live-in (Y/N) N Days work per wk: 7 6 5 2 1
Live-in - Leave (hours) 0 Reg Live-in Prov Nmbr
MHD/DD Pers Care Prov (Y/N) N CIIS (Y/N) N
Mileage (Y/N) N Pub Trans Allowance (Y/N) N
Proc Description Units/Mil Rate Line Tot
Tot Svc Units Auth Clm
Err Code:
Msg: P173 Must enter both Begin and End dates
PF4=Plan Chg PF5=Hours Chg
2 Sess-1 170.104.128.11 HTCP1507 6/26

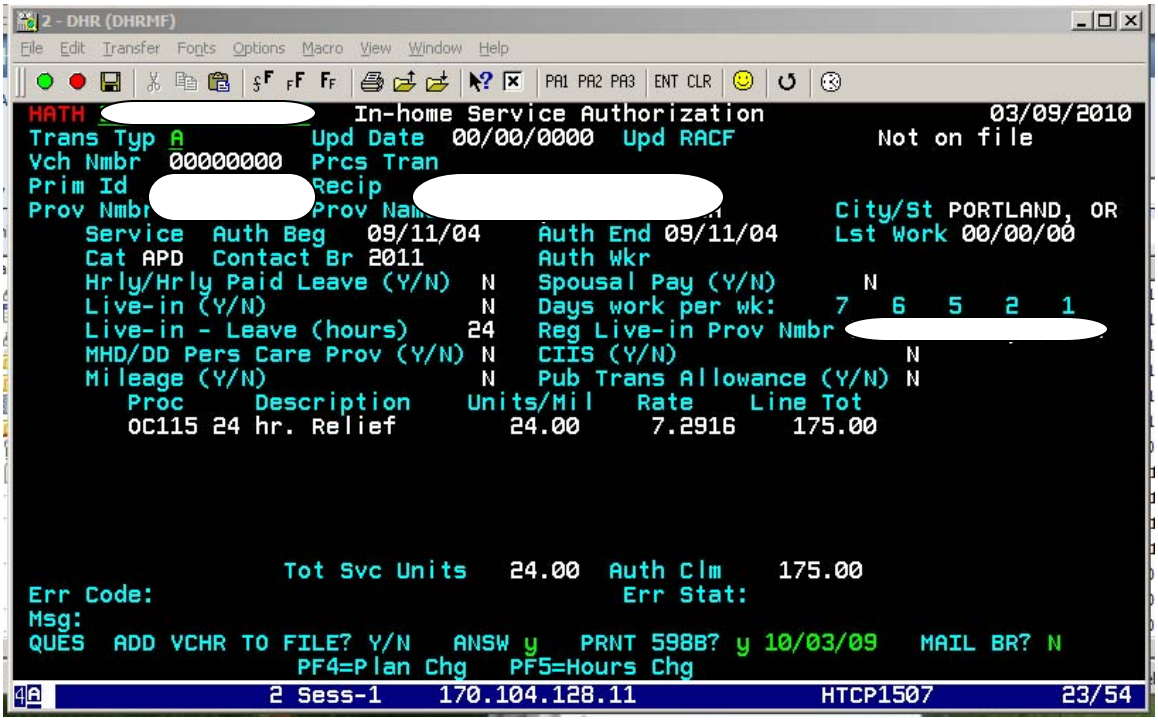
Need to put in begin and end dates, Live-In Leave (hours) and the Reg Live-In Provider Number, then press enter.


2 - DHR (DHRMF)
File Edit Transfer Fonts Options Macro View Window Help
PA1 PA2 PA3 ENT CLR
In-home Service Authorization 03/09/2010
Not on file
City/St PORTLAND, OR
Service Auth Beg 09/11/03 Auth End 09/11/03 Lst Work 00/00/00
Cat APD Contact Br 2011 Auth Wkr
Hrly/Hrly Paid Leave (Y/N) N Spousal Pay (Y/N) N
Live-in (Y/N) N Days work per wk: 7 6 5 2 1
Live-in - Leave (hours) 24 Reg Live-in Prov Nmbr SUSAN
MHD/DD Pers Care Prov (Y/N) N CIIS (Y/N) N
Mileage (Y/N) N Pub Trans Allowance (Y/N) N
Proc Description Units/Mil Rate Line Tot
0C115 24 hr. Relief 24.00 7.2916 175.00
Tot Svc Units 24.00 Auth Clm 175.00
Err Code: Err Stat:
Msg:
QUES ADD VCHR TO FILE? Y/N ANSW y PRNT 598B? y 10/03/09 MAIL BR? N
PF4=Plan Chg PF5=Hours Chg
2 Sess-1 170.104.128.11 HTCP1507 23/54

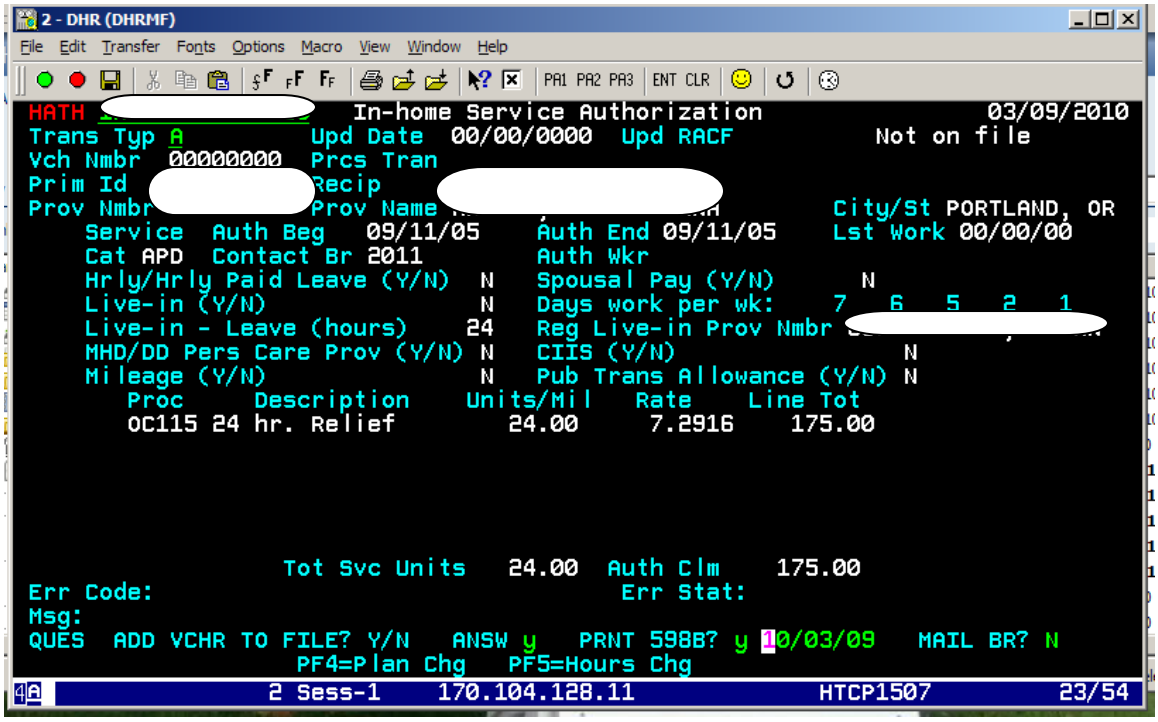
11/3/2009 voucher for relief provider. Once you put in all the information needed, put a y in the "add vchr to file" and put a y in the "print 598B" press enter.


2 - DHR (DHRMF)
File Edit Transfer Fonts Options Macro View Window Help
PA1 PA2 PA3 ENT CLR
In-home Service Authorization 03/09/2010
Trans Typ A Upd Date 03/09/2010 Upd RACF
Vch Nmbr Prcs Tran 30
Prim Id Recip
Prov Nmbr Prov Name City/St PORTLAND, OR
Service Auth Beg 09/11/03 Auth End 09/11/03 Lst Work 00/00/00
Cat 4 Contact Br 2011 Auth Wkr
Hrly/Hrly Paid Leave (Y/N) N Spousal Pay (Y/N) N
Live-in (Y/N) N Days work per wk: 7 6 5 2 1
Live-in - Leave (hours) 24 Reg Live-in Prov Nmbr SUSAN
MHD/DD Pers Care Prov (Y/N) N CIIS (Y/N) N
Mileage (Y/N) N Pub Trans Allowance (Y/N) N
Proc Description Units/Mil Rate Line Tot
0C115 24 hr. Relief 24.00 7.2916 175.00
Tot Svc Units 24.00 Auth Clm 175.00
Err Code:
Msg: 83 Vchr record ded
2 Sess-1 170.104.128.11 HTCP1507 1/7

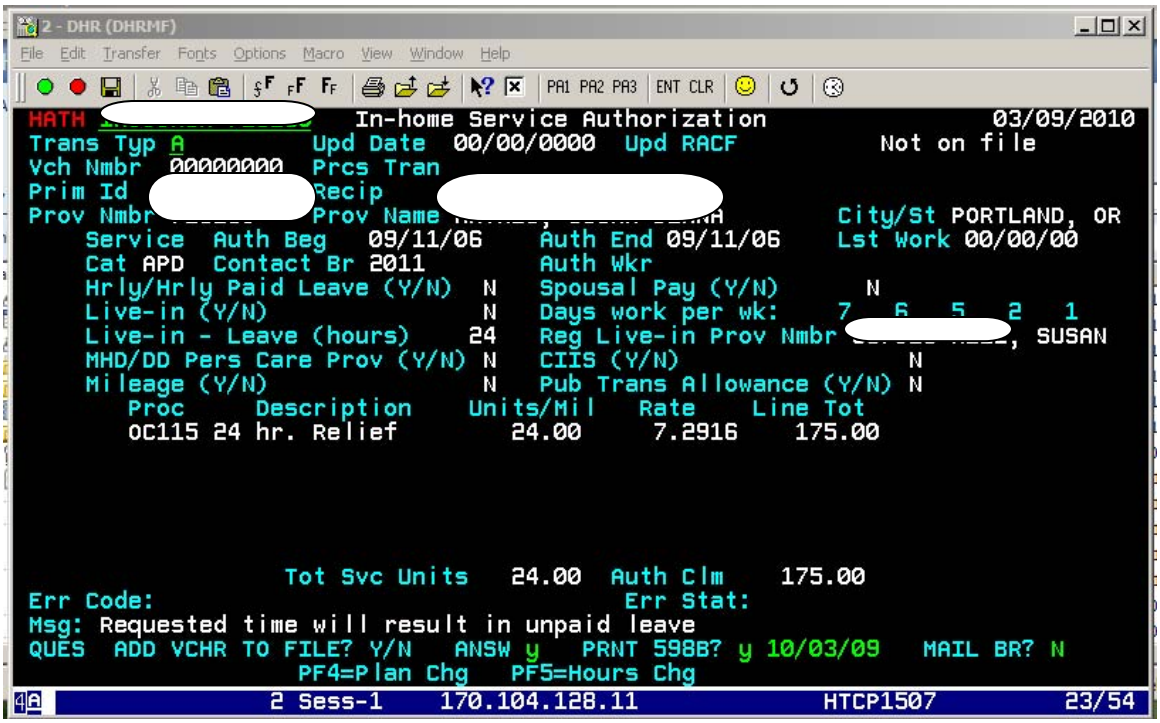
Voucher is created. You may put in the next date.


2 - DHR (DHRMF)
File Edit Transfer Fonts Options Macro View Window Help
PA1 PA2 PA3 ENT CLR
HATH [redacted] In-home Service Authorization 03/09/2010
Trans Typ A Upd Date 00/00/0000 Upd RACF Not on file
Vch Nmbr 00000000 Prcs Tran
Prim Id [redacted] Recip
Prov Nmbr [redacted] Prov Nam [redacted] City/St PORTLAND, OR
Service Auth Beg 09/11/04 Auth End 09/11/04 Lst Work 00/00/00
Cat APD Contact Br 2011 Auth Wkr
Hrly/Hrly Paid Leave (Y/N) N Spousal Pay (Y/N) N
Live-in (Y/N) N Days work per wk: 7 6 5 2 1
Live-in - Leave (hours) 24 Reg Live-in Prov Nmbr [redacted]
MHD/DD Pers Care Prov (Y/N) N CIIS (Y/N) N
Mileage (Y/N) N Pub Trans Allowance (Y/N) N
Proc Description Units/Mil Rate Line Tot
0C115 24 hr. Relief 24.00 7.2916 175.00
Tot Svc Units 24.00 Auth Clm 175.00
Err Code: Err Stat:
Msg:
QUES ADD VCHR TO FILE? Y/N ANSW y PRNT 598B? y 10/03/09 MAIL BR? N
PF4=Plan Chg PF5=Hours Chg
4A 2 Sess-1 170.104.128.11 HTCP1507 23/54

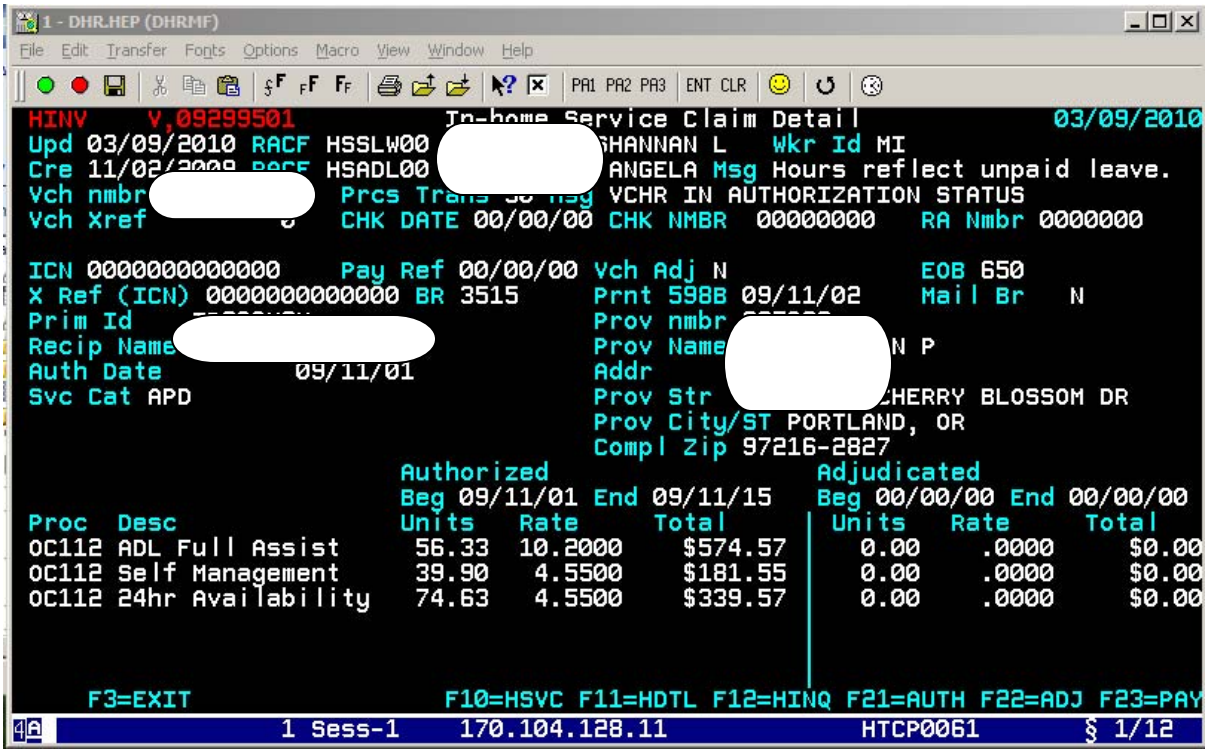
11/4/2009 voucher for relief provider.


2 - DHR (DHRMF)
File Edit Transfer Fonts Options Macro View Window Help
PA1 PA2 PA3 ENT CLR
HATH [redacted] In-home Service Authorization 03/09/2010
Trans Typ A Upd Date 00/00/0000 Upd RACF Not on file
Vch Nmbr 00000000 Prcs Tran
Prim Id [redacted] Recip
Prov Nmbr [redacted] Prov Name [redacted] City/St PORTLAND, OR
Service Auth Beg 09/11/05 Auth End 09/11/05 Lst Work 00/00/00
Cat APD Contact Br 2011 Auth Wkr
Hrly/Hrly Paid Leave (Y/N) N Spousal Pay (Y/N) N
Live-in (Y/N) N Days work per wk: 7 6 5 2 1
Live-in - Leave (hours) 24 Reg Live-in Prov Nmbr [redacted]
MHD/DD Pers Care Prov (Y/N) N CIIS (Y/N) N
Mileage (Y/N) N Pub Trans Allowance (Y/N) N
Proc Description Units/Mil Rate Line Tot
0C115 24 hr. Relief 24.00 7.2916 175.00
Tot Svc Units 24.00 Auth Clm 175.00
Err Code: Err Stat:
Msg:
QUES ADD VCHR TO FILE? Y/N ANSW y PRNT 598B? y 10/03/09 MAIL BR? N
PF4=Plan Chg PF5=Hours Chg
4A 2 Sess-1 170.104.128.11 HTCP1507 23/54

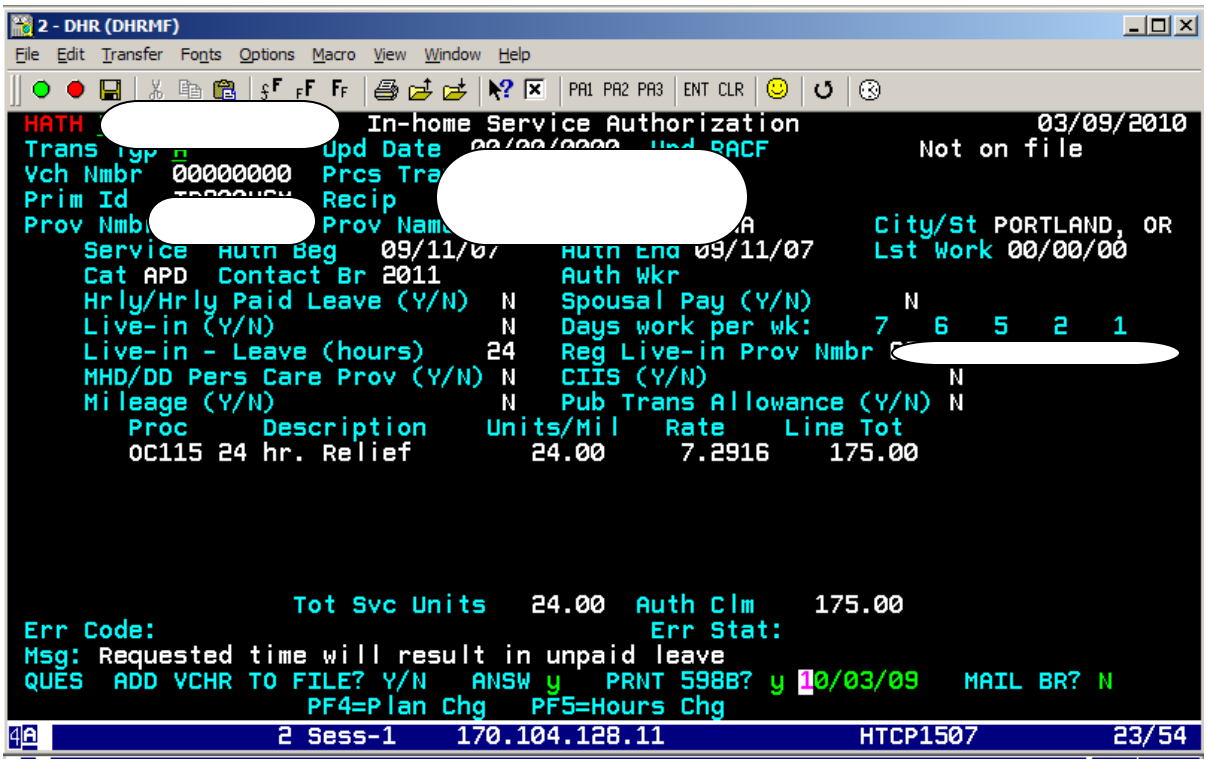
11/5/2009 voucher for relief provider.


2 - DHR (DHRMF)
In-home Service Authorization 03/09/2010
Trans Typ A Upd Date 00/00/0000 Upd RACF Not on file
Vch Nmbr 00000000 Prcs Tran
Prim Id Recip
Prov Nmbr Prov Name City/St PORTLAND, OR
Service Auth Beg 09/11/06 Auth End 09/11/06 Lst Work 00/00/00
Cat APD Contact Br 2011 Auth Wkr
Hrly/Hrly Paid Leave (Y/N) N Spousal Pay (Y/N) N
Live-in (Y/N) N Days work per wk: 7 6 5 2 1
Live-in - Leave (hours) 24 Reg Live-in Prov Nmbr , SUSAN
MHD/DD Pers Care Prov (Y/N) N CIIS (Y/N) N
Mileage (Y/N) N Pub Trans Allowance (Y/N) N
Proc Description Units/Mil Rate Line Tot
0C115 24 hr. Relief 24.00 7.2916 175.00
Tot Svc Units 24.00 Auth Clm 175.00
Err Code: Err Stat:
Msg: Requested time will result in unpaid leave
QUES ADD VCHR TO FILE? Y/N ANSW y PRNT 598B? y 10/03/09 MAIL BR? N
PF4=Plan Chg PF5=Hours Chg
2 Sess-1 170.104.128.11 HTCP1507 23/54

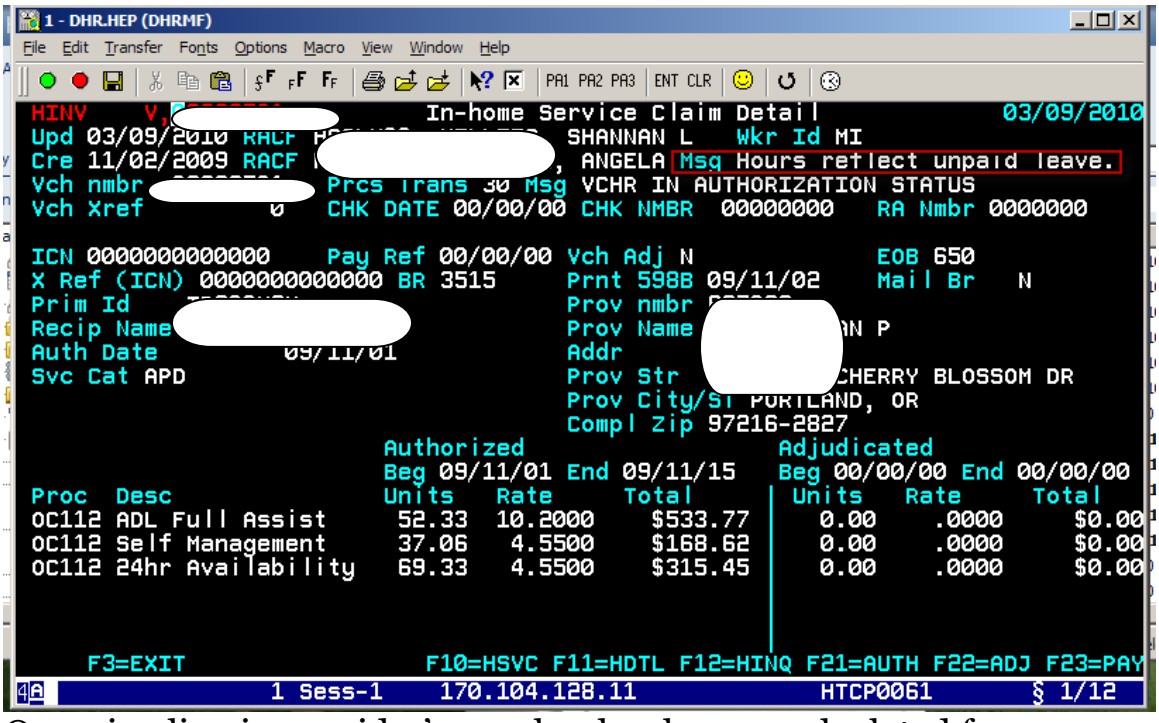
11/6/09 voucher for relief provider. On-going live-in provider is going to have leave without pay.


1 - DHR.HEP (DHRMF)
In-home Service Claim Detail 03/09/2010
Upd 03/09/2010 RACF HSSLW00 SHANNAN L Wkr Id MI
Cre 11/02/2009 RACF HSADL00 ANGELA Msg Hours reflect unpaid leave.
Vch nmbr Prcs Trans 36 Msg VCHR IN AUTHORIZATION STATUS
Vch Xref CHK DATE 00/00/00 CHK NMBR 00000000 RA Nmbr 0000000
ICN 0000000000000 Pay Ref 00/00/00 Vch Adj N EOB 650
X Ref (ICN) 0000000000000 BR 3515 Prnt 598B 09/11/02 Mail Br N
Prim Id Prov nmbr
Recip Name Prov Name N P
Auth Date 09/11/01 Addr
Svc Cat APD Prov Str CHERRY BLOSSOM DR
Prov City/ST PORTLAND, OR
Compl Zip 97216-2827
Authorized Adjudicated
Beg 09/11/01 End 09/11/15 Beg 00/00/00 End 00/00/00
Proc Desc Units Rate Total Units Rate Total
0C112 ADL Full Assist 56.33 10.2000 $574.57 0.00 .0000 $0.00
0C112 Self Management 39.90 4.5500 $181.55 0.00 .0000 $0.00
0C112 24hr Availability 74.63 4.5500 $339.57 0.00 .0000 $0.00
F3=EXIT F10=HSVC F11=HDTL F12=HINQ F21=AUTH F22=ADJ F23=PAY
1 Sess-1 170.104.128.11 HTCP0061 § 1/12

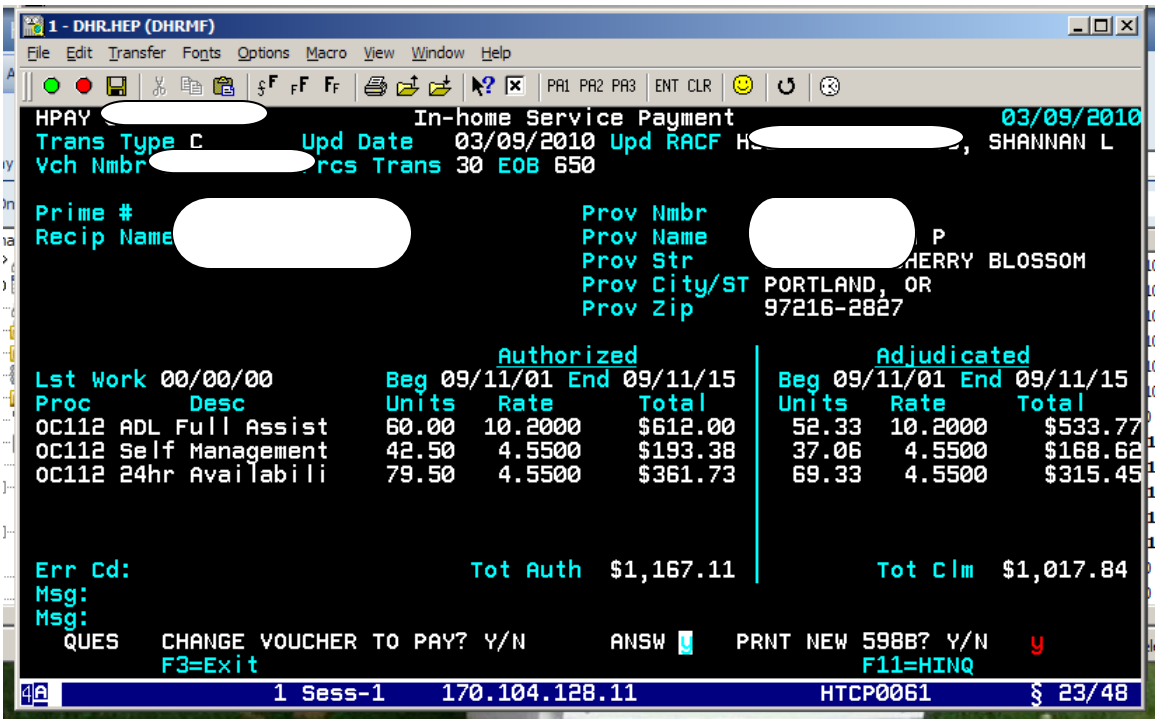
On-going live-in provider's OC112 voucher has been recalculated for the leave without pay.


2 - DHR (DHRMF)
File Edit Transfer Fonts Options Macro View Window Help
PA1 PA2 PA3 ENT CLR
In-home Service Authorization 03/09/2010
Not on file
Vch Nmbr 00000000
Prim Id
Recip
Prov Nmb
Prov Nam
City/St PORTLAND, OR
Service Auth Beg 09/11/07
Auth End 09/11/07
Lst Work 00/00/00
Cat APD Contact Br 2011
Auth Wkr
Hrly/Hrly Paid Leave (Y/N) N
Spousal Pay (Y/N) N
Live-in (Y/N) N
Days work per wk: 7 6 5 2 1
Live-in - Leave (hours) 24
Reg Live-in Prov Nmbr
MHD/DD Pers Care Prov (Y/N) N
CIIS (Y/N) N
Mileage (Y/N) N
Pub Trans Allowance (Y/N) N
Proc Description Units/Mil Rate Line Tot
0C115 24 hr. Relief 24.00 7.2916 175.00
Tot Svc Units 24.00 Auth Clm 175.00
Err Code:
Err Stat:
Msg: Requested time will result in unpaid leave
QUES ADD VCHR TO FILE? Y/N ANSW y PRNT 598B? y 10/03/09 MAIL BR? N
PF4=Plan Chg PF5=Hours Chg
2 Sess-1 170.104.128.11 HTCP1507 23/54

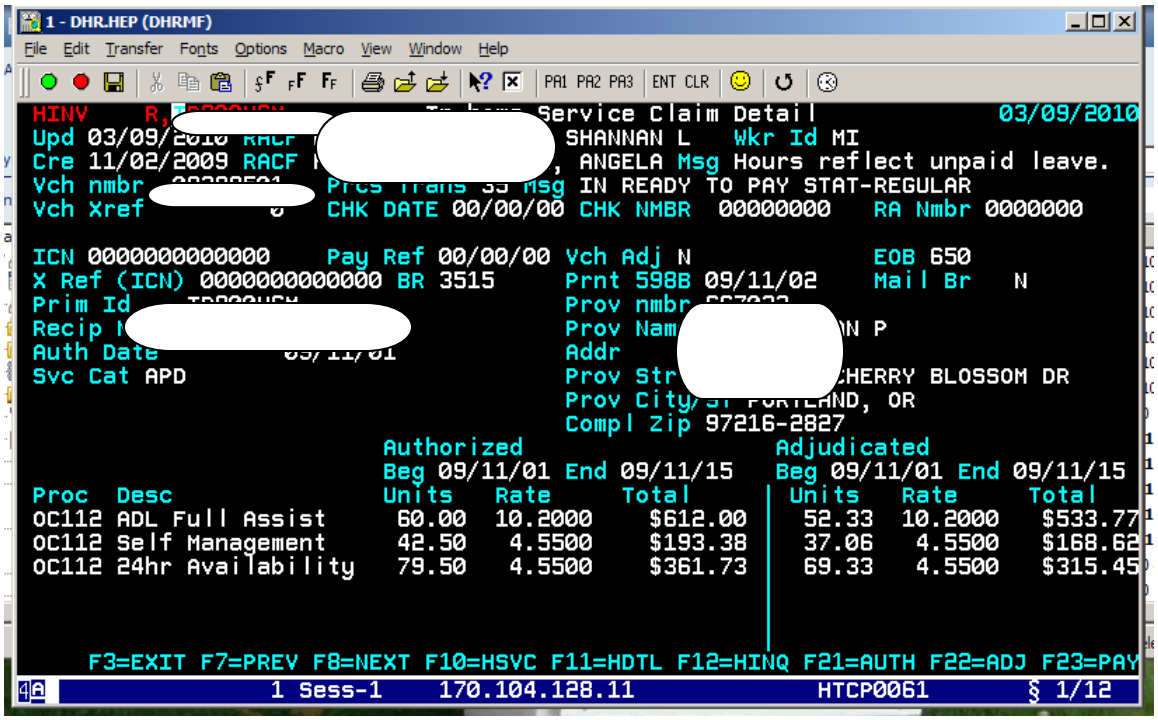
11/7/09 voucher for relief provider. Resulted in more leave without pay.


1 - DHR.HEP (DHRMF)
File Edit Transfer Fonts Options Macro View Window Help
PA1 PA2 PA3 ENT CLR
In-home Service Claim Detail 03/09/2010
Upd 03/09/2010
SHANNAN L Wkr Id MI
Cre 11/02/2009 RACF
ANGELA Msg Hours reflect unpaid leave.
Vch nmbr
Prcs Trans 30 Msg VCHR IN AUTHORIZATION STATUS
Vch Xref
CHK DATE 00/00/00 CHK NMBR 00000000 RA Nmbr 0000000
ICN 0000000000000 Pay Ref 00/00/00 Vch Adj N EOB 650
X Ref (ICN) 0000000000000 BR 3515 Prnt 598B 09/11/02 Mail Br N
Prim Id
Prov nmbr
Recip Name
Prov Name
Auth Date 09/11/01
Addr
Svc Cat APD
Prov Str CHERRY BLOSSOM DR
Prov City/St PORTLAND, OR
Compl Zip 97216-2827
Authorized
Beg 09/11/01 End 09/11/15
Adjudicated
Beg 00/00/00 End 00/00/00
Proc Desc Units Rate Total Units Rate Total
0C112 ADL Full Assist 52.33 10.2000 $533.77 0.00 .0000 $0.00
0C112 Self Management 37.06 4.5500 $168.62 0.00 .0000 $0.00
0C112 24hr Availability 69.33 4.5500 $315.45 0.00 .0000 $0.00
F3=EXIT F10=HSVC F11=HDTL F12=HINQ F21=AUTH F22=ADJ F23=PAY
1 Sess-1 170.104.128.11 HTCP0061 § 1/12

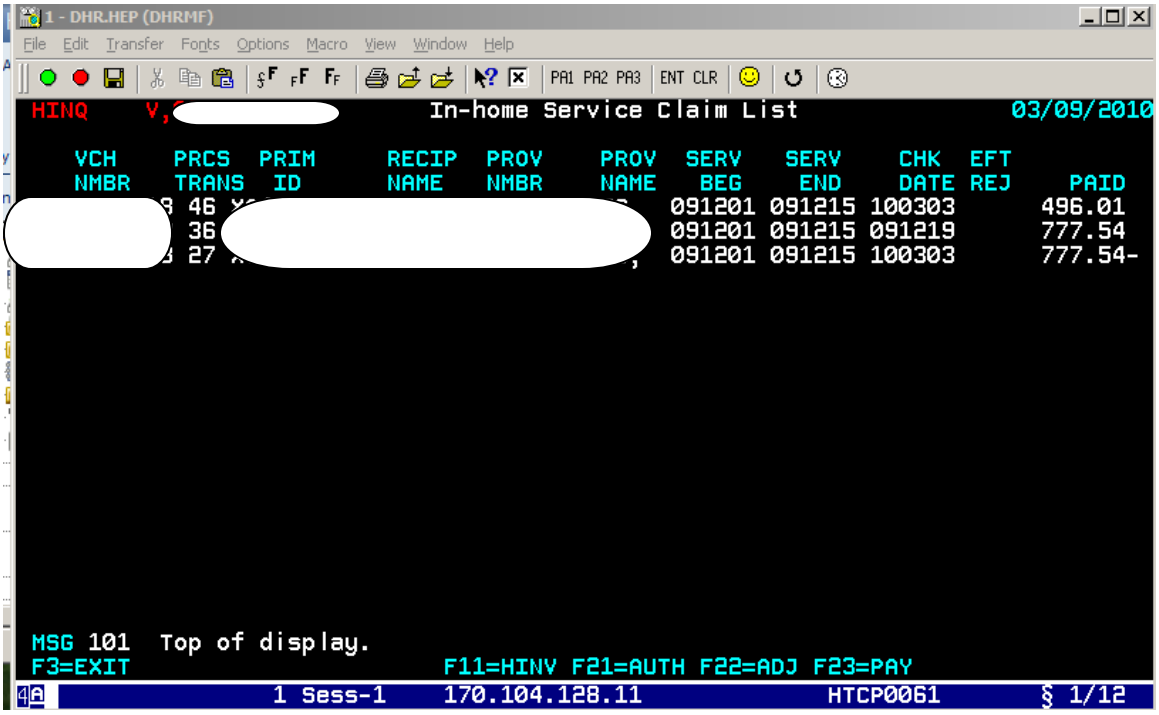
On-going live-in provider's voucher has been recalculated for more leave without pay.



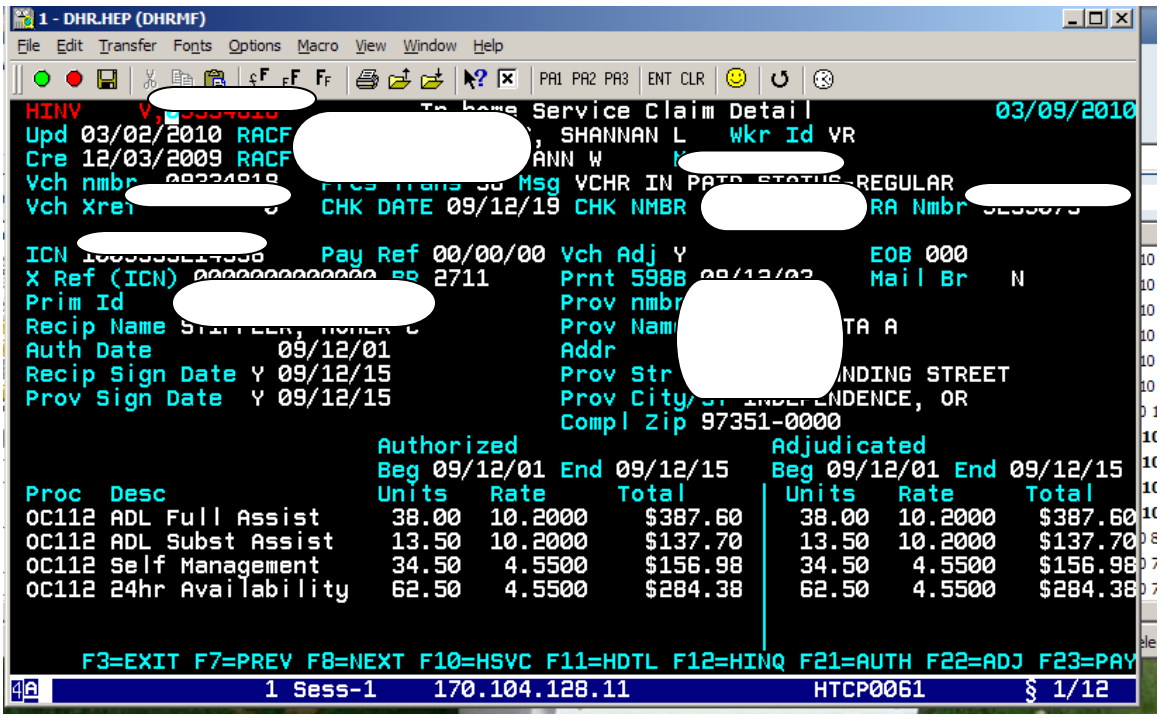
When paying the voucher do not change the hours. Put a y for "change voucher to pay" and y for "print new 598B" and press enter. The next time period voucher will be created with the original authorized hours.



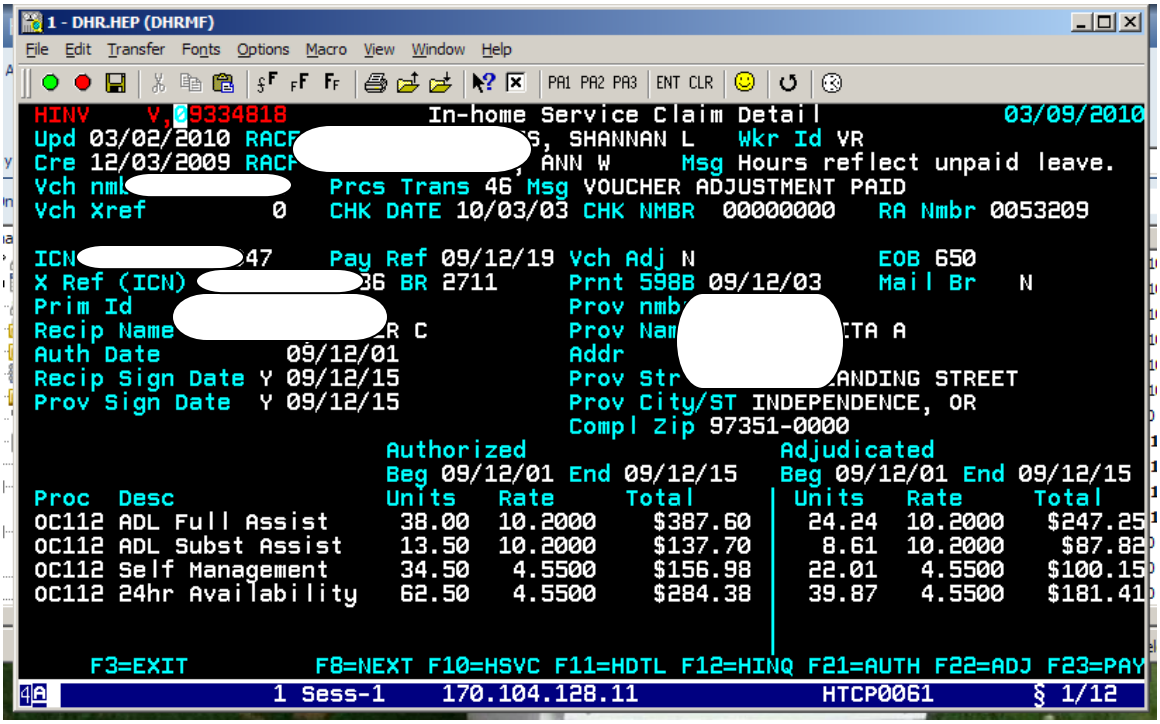
If an OC112 voucher has leave without pay, it will display in the Msg area: "Hours reflect unpaid leave" at the top of the screen.



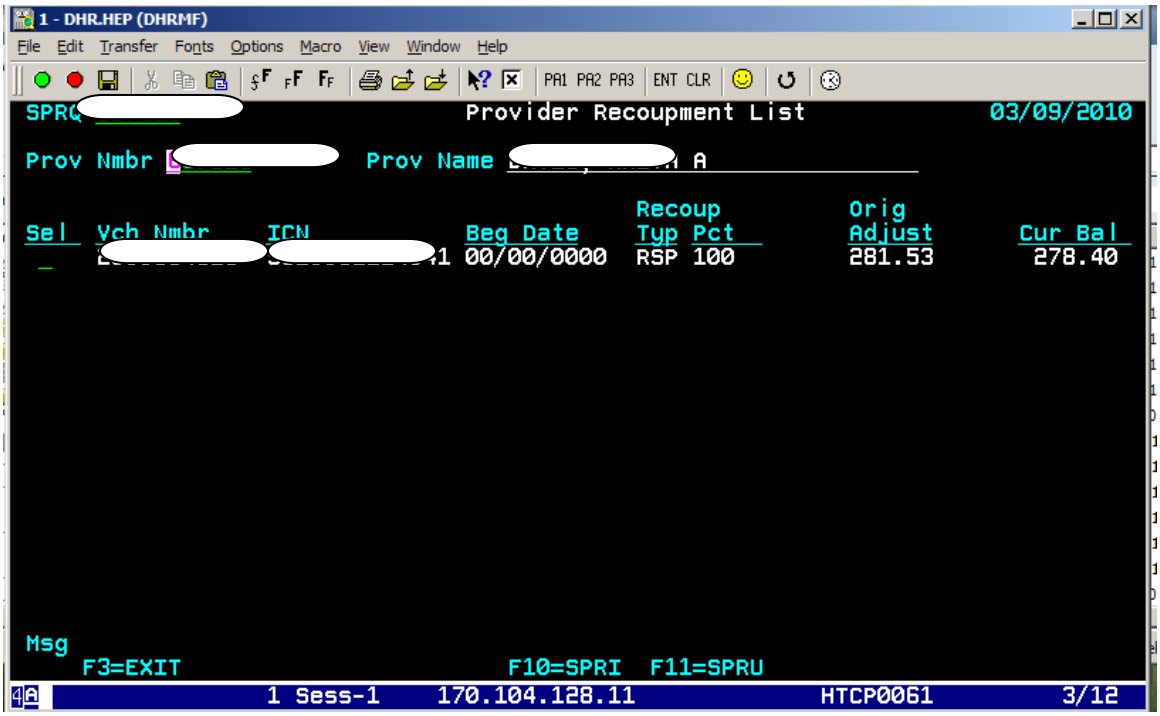
Voucher in paid status that had leave without pay. It automatically adjusts the voucher and creates an overpayment.



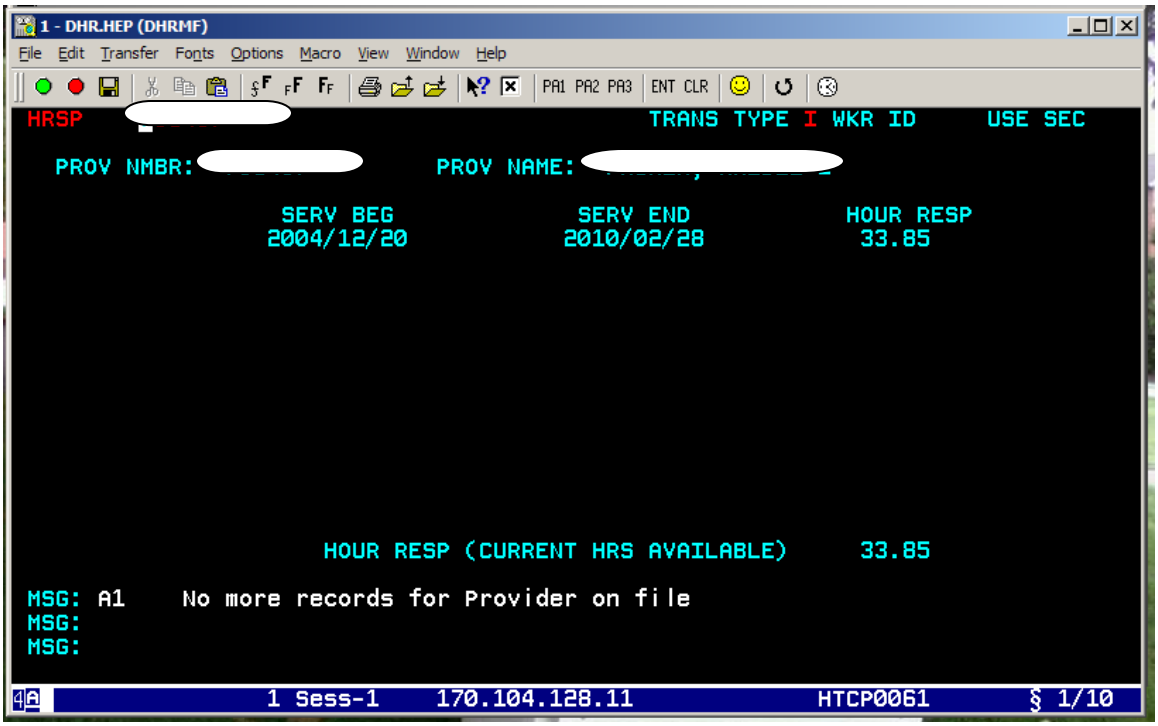
Original payment without the leave without pay.


1 - DHR.HEP (DHRMF)
File Edit Transfer Fonts Options Macro View Window Help
HINV V,0334818 In-home Service Claim Detail 03/09/2010
Upd 03/02/2010 RACF S, SHANNAN L Wkr Id VR
Cre 12/03/2009 RACF ANN W Msg Hours reflect unpaid leave.
Vch nmb Prcs Trans 46 Msg VOUCHER ADJUSTMENT PAID
Vch Xref 0 CHK DATE 10/03/03 CHK NMBR 00000000 RA Nmbr 0053209
ICN 47 Pay Ref 09/12/19 Vch Adj N EOB 650
X Ref (ICN) 36 BR 2711 Prnt 598B 09/12/03 Mail Br N
Prim Id Prov nmb
Recip Name R C Prov Nam ITA A
Auth Date 09/12/01 Addr
Recip Sign Date Y 09/12/15 Prov Str ANDING STREET
Prov Sign Date Y 09/12/15 Prov City/ST INDEPENDENCE, OR
Compl Zip 97351-0000
Authorized Beg 09/12/01 End 09/12/15
Adjudicated Beg 09/12/01 End 09/12/15
Proc Desc Units Rate Total Units Rate Total
0C112 ADL Full Assist 38.00 10.2000 $387.60 24.24 10.2000 $247.25
0C112 ADL Subst Assist 13.50 10.2000 $137.70 8.61 10.2000 $87.82
0C112 Self Management 34.50 4.5500 $156.98 22.01 4.5500 $100.15
0C112 24hr Availability 62.50 4.5500 $284.38 39.87 4.5500 $181.41
F3=EXIT F8=NEXT F10=HSVC F11=HDTL F12=HINQ F21=AUTH F22=ADJ F23=PAY
1 Sess-1 170.104.128.11 HTCP0061 § 1/12

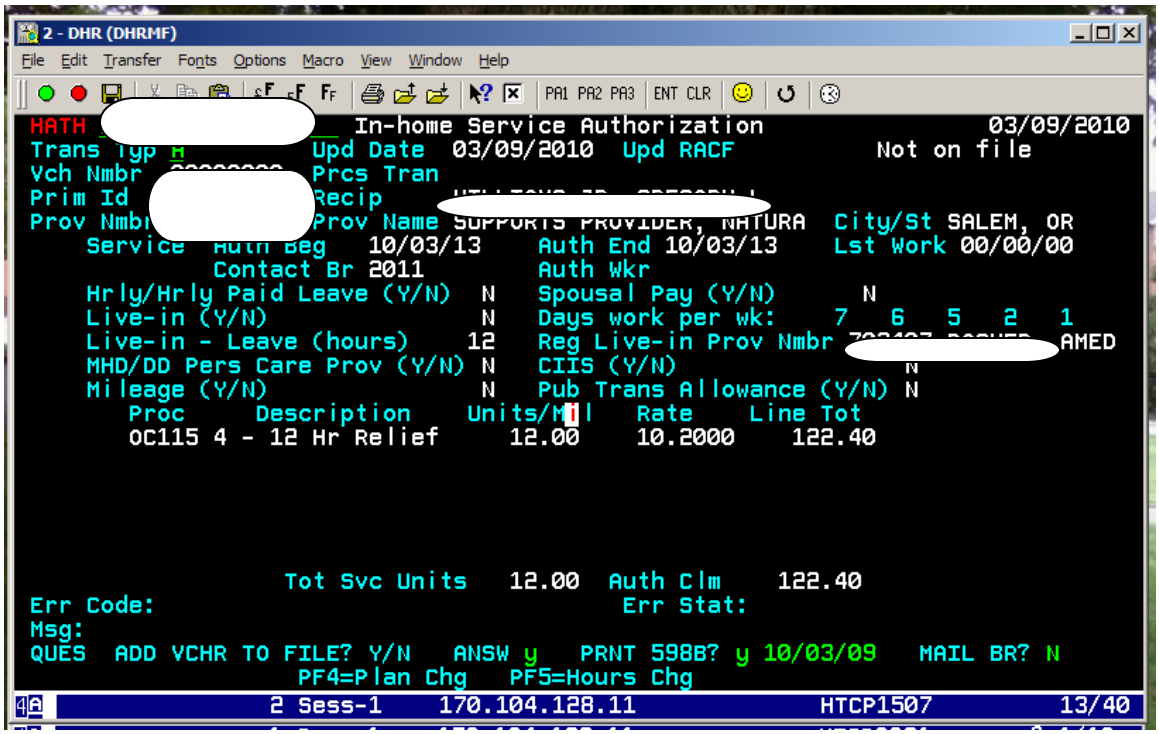
New payment showing the leave without pay was calculated.


1 - DHR.HEP (DHRMF)
File Edit Transfer Fonts Options Macro View Window Help
SPRC Provider Recoupment List 03/09/2010
Prov Nmbr Prov Name A
Sel Vch Nmbr ICN Beg Date Recoup Typ Pct Orig Adjust Cur Bal
1 00/00/0000 RSP 100 281.53 278.40
Msg
F3=EXIT F10=SPRI F11=SPRU
1 Sess-1 170.104.128.11 HTCP0061 3/12

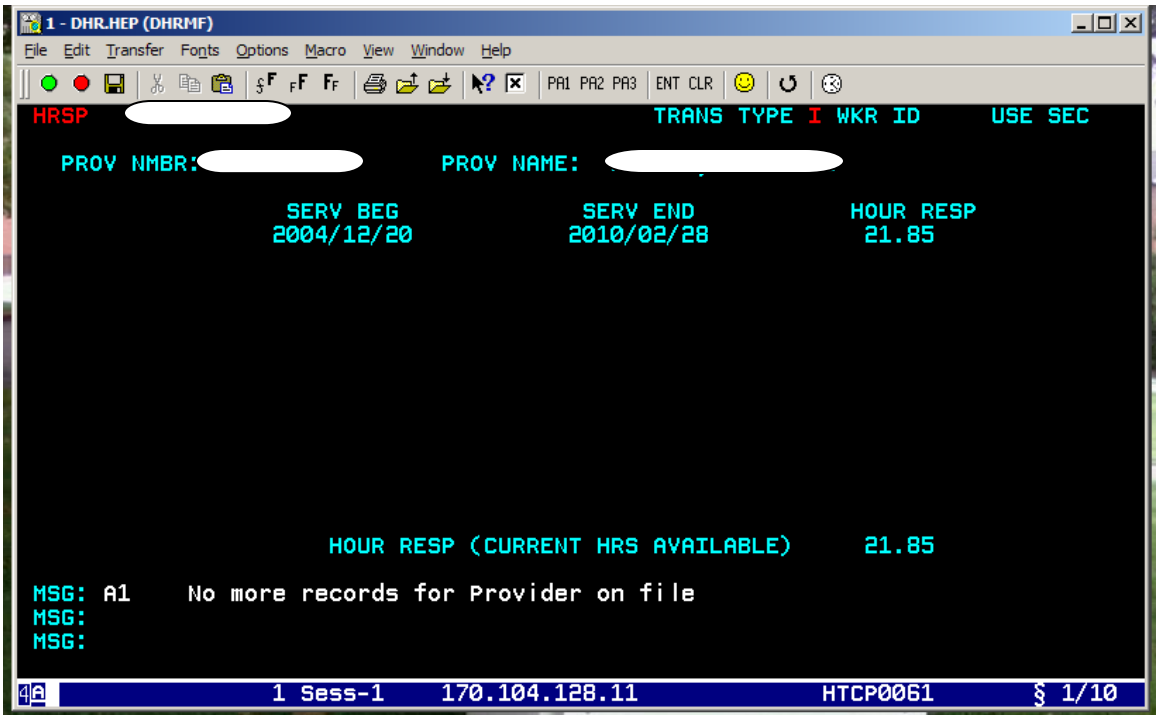
This indicates how much the overpayment is due to the leave without pay. We will collect the overpayment amount at 100% from their next paycheck due to it being leave without pay.



On-going live-in is taking 12 hours of paid leave but Natural Supports is providing the relief care.



Relief voucher with Natural Supports provider number of 723118. **This will not generate a voucher or payment to a natural support (natural supports are unpaid, informal providers).**



HRSP screen was automatically reduced by 12 hours using the Natural Supports provider number for the relief voucher.

Section 5

Codes

Voucher Issuance Codes

OC111	**Hourly**
OC112	**Live-In**
OC115	**Live-In Relief/Fill-In**
OT111	**Mileage/Transportation**
SP111	**Spousal Pay**
TU111	**Hourly Paid Leave**
OP334	**OPI Hourly**
OP336	**OPI Mileage**
OA111	**In-Home Agency Personal Care**
OH111	**In-Home Agency Home Care**
OF222	**Home Delivered Meals**

Voucher Processing Codes

10 Voucher authorization voided (deleted)
15 Voucher payment voided (deleted)
24 Voucher credit ready to pay
27 Voucher credit
30 Voucher in authorization status
35 Voucher in ready to pay status
36 Voucher in paid status – regular
45 Adjustment approved to pay
46 Voucher adjustment paid
47 Voucher adjustment zero paid

Voucher Error Messages

A86 Invalid combo (proc/med pgm/svc pgm)
This edit appears when there are several mismatches between the SVC Category (SSEQ/SL01), the Service Category Case Description, and the Medical Program (perc) information.

A87 proc/cli asmt/invalid w/ELGR svc c/d
This edit appears when the Service Category Case Descriptor that is displayed on ELGR for the service period is not valid with the Procedure Code or the Service Category (SSEQ/SL01) information.

A88 Med pgm invalid w/proc code/svc pgm
This edit appears when the Medical Program Code (perc) that is displayed on the ELGR screen for the service period is not valid with the Procedure Code or Service Category (SSEQ/SL01) associated with the client for the service period.

A89 No service eligibility (SSEQ or SL01)
This edit appears when there is no valid Service Eligibility record on SSEQ or SL01 for the service period.

002 Recipient Ineligible on Date of Service
The recipient is not eligible for the entire period of authorization.

006 Provider Ineligible on Date of Service
The provider is ineligible for the period of authorization.

415 Case Ineligible on Date of Service
The case was not eligible on the dates of service authorized.

013 Service Hours Exceed Allowed Hours
Hours authorized exceed the maximum allowed hours.

SELG Codes

To issue vouchers without an error,

(1) the **service category** should be:

APD **In-Home Services** or
BPA **State Plan Personal Care (PC-20)** or
OPI **Oregon Project Independence**

(2) the **reason code** can be:

ADM **Administrative change**
ASM **Reassessment that overlaps assessment periods**
HNG **Hearing pending or decision**
INL **Initial assessment**

(3) the voucher authorization dates should be within the **service category begin date** and **service category end date**

If the service category code is **NFC** (nursing facility), you will not be able to issue a voucher. You will not be able to issue a voucher if the reason code is **NLV (No longer valid)**.

The Case Manager will need to take action in order for you to issue a voucher.

Section 6

Forms

HCW Enrollment Packets

Available on the Forms Server

SDS 0355	Homecare Worker Application Form
SDS 0355A	Workers' Compensation Brochure
SDS 0736	Client Employed In-Home Provider Enrollment
DHS 301AD	**Criminal History Request**
SDS 0356	**Client Employer's Right to Confidentiality**
Form I-9	**Employment Eligibility Verification** (available at: www.uscis.gov)
Form W-4	Employee's Withholding Allowance Certificate (available at: www.irs.gov)
DHS 7262H	Request for Direct Deposit

The above highlighted forms must be witnessed in the local office.

Underpayments, Overpayments, Forced Payments

Available on the Forms Server (interactive & submit on-line)

SDS 287A	CEP Underpayment Request Form
SDS 287B	CEP Overpayment Request Form
SDS 287E	CEP Forced Payment Request Form
SDS 0287G	OPI Underpayment Request
SDS 0287H	OPI Overpayment Request
SDS 0287i	OPI Forced Payment Request

Homecare Worker Notices

Available on the Forms Server

SDS 4105	Homecare Worker Notice of Change in Hours
SDS 4105L	Delayed Voucher Processing Letter
SDS 0613	Notice of Termination of Provider Enrollment
SDS 0613c	Notice of Termination based on Criminal History
SDS 0613d	Notice of Denial of Homecare Provider Enrollment
SDS 0613i	Notice of Inactivation of Homecare Provider Enrollment

Lost, Stolen, Not Received Checks

DHS 138A	Affidavit Concerning Lost Check
DHS 297	Cancelled Check Transmittal

Medicaid Fraud

SDS 0727	Medicaid Fraud Referral Form

Miscellaneous

SDS 7263	Request to Cancel Direct Deposit
SDS 0598B	Payment Voucher (not available on the web)
DHS 0300	Notice of Fitness Determination
SDS 2310	Emergency Payment for Accrued Paid Leave for Live-in Homecare Workers

Section 7

Important Things to Remember

Homecare Worker Enrollment

A Homecare Worker cannot be approved to work until:

- Form I-9 (Employment Eligibility Verification) has been completed and the applicant has presented acceptable documents, which have been viewed by staff
- The Provider Enrollment form (SDS 736) has been signed
- Provider Payments Unit has issued a provider number
- A preliminary fitness determination has been made (related to criminal history check) - **We cannot back date enrollment before the determination has been made and vouchers cannot be issued prior to this date**

Important information about OACCESS:

- The Homecare Worker's tax name and social security number must **match** – if they do not match, it affects his/her work credits and wage information and we will be fined. **Please look at the SSA Verified box on OACCESS (detail screen)**
- A tax name must be entered on the Financial/Tax info screen in OACCESS even if it is the same name listed on the Detail screen

Vouchers:

- A properly submitted voucher must be processed in the payment system within two (2) working days
- Vouchers need to be issued no later than seven (7) calendar days from the proper submission and processing of the prior pay period's voucher
- A newly hired Homecare Workers should receive written confirmation of the date they are authorized to begin providing services (SDS 4105) and receive their vouchers within seven (7) days from the date services began

- Relief workers should receive their voucher prior to beginning services, but no later than seven (7) days from the date relief services began
- If a Homecare Worker has submitted a properly completed voucher (signed by the client and worker and legibly documents the number of hours worked), his/her payment cannot be held at the local office
- Faxed copies of vouchers cannot be accepted
- **There is never a check run on the last working day of the month. Checks will always go out on the second working day of the month**

Form I-9: *Employment Eligibility Verification*

- Use Form I-9 with the revision date of February 2, 2009
- Make sure applicants receive Form I-9 instructions with the form
- Only **unexpired** documents listed on the List of Acceptable Documents can be accepted
- Applicants can choose which documents to present from the List of Acceptable Documents and local office cannot request a specific document, such as a "green card"
- Local office staff must complete Section 2: Employer Review and Verification by viewing original or certified documents and signing the form, certifying the documents appear to be genuine and relate to the applicant – photocopies of documents cannot be accepted
- Completed I-9's must be retained for **either three years after the date of hire or for one year after employment is terminated, whichever is later**
- The form must be available for inspection by the Department of Homeland Security, Department of Labor, and/or Office of Special Counsel
- The initials DHS on employment documents refers to the **Department of Homeland Security** and not the Department of Human Services

W-4, Employees Withholding Allowance Certificate

- Homecare Workers must complete a new W-4 each year if they would like claim exempt status
- If a Homecare Worker does not submit a new W-4 by the deadline, SPD must change his/her tax status to "single" with zero withholdings
- The local office must update OACCESS by the deadline if a new W-4 is received
- Copies of W-4's must be retained for **four years**
- Date stamp W-4's when they are received and enter them into OACCESS as soon as possible

Employment Verifications

- Make sure there is a current release of information signed by the HCW within the last 3 months of the request for the verification
- The local office can sign as the employer in this case

Direct Deposit

- **The HCW must complete** DHS 7262H Request for Direct Deposit if they would like the check automatically deposited into their checking account (**it cannot be a form that the bank provides**)
- **The form must be completely filled out**.
- A voided check must be attached to the original form.
- The HCW should mail the form to the Direct Deposit Unit (address on the form)
- It takes approx. 15-30 days to process the request
- It takes 3 banking days (M-F, excluding holidays) to get from DHS to the HCW's account. Provider payments are required to go through a clearinghouse at the State Treasury before they can be sent electronically to the HCW's bank or credit union

- If a HCW has direct deposit, instead of "CHK DATE" on HINQ, there will be "EFT DATE"
- If a HCW no longer wants direct deposit, it is preferred that that he/she fills out SDS 7263 Request to Cancel Direct Deposit. However, the HCW can hand write the desire to cancel with his/her name, provider number, date, and signature and fax to 503-947-5357
- If you know a provider will no longer be working, ask if he/she has a direct deposit account. If so, make sure the account is cancelled. Otherwise, when they begin working again in the future, the checks will be sent to this account, which may be closed. When they start working again, look in OACCESS to see what his/her payment method is

CEP Adjustment Requests

287A (underpayment) 287B (overpayment) 287E (forced payment)

- When filling out adjustment requests, you can add more than one voucher on the form if it is for the same provider and client
- When entering the voucher number and date, you only need to put it down once for each voucher that is being corrected (even if there are multiple changes), but please make sure that you put in all the procedure codes that need to be changed. **If they don't need to be changed, you don't need to enter them on the request**
- Example: The provider was underpaid in 2 out of the 4 procedures that he was paid for. **Paid:**

Full Assist	45 hours
Min. Assist	34 hours
Self Management	10 hours
24-hour Avail.	79 hours

Should have been paid:

Full Assist	65 hours
Self Management	15 hours

The only 2 lines that need to be put on the form are Full Assist and Self Management:

Voucher	Authorized	Authorized	Procedure Code and	Units	Correct

#	Begin Date (MM/DD/YY)	End Date (MM/DD/YY)	Description (For each voucher #, choose all that apply)	Paid (hours)	Units (hours)
09999999	09/05/16	09/05/31	OC112 LI ADL Full Assist	45	65
	/ /	/ /	OC112 LI Self Management	10	15
	/ /	/ /			
	/ /	/ /			

Section 8

Replacement of Lost or Stolen Checks & Forgery Procedure

Replacement of Stolen Checks

POLICY

It is agency policy to issue replacement checks in compliance with ORS 293.475 and the procedures contained in this manual.

Forgery Services in General Accounting Unit has been charged with the responsibility for replacement procedures. Any procedural questions should be referred to Forgery Services Unit at 503-945-5640.

DEFINITIONS

Payment Alert

A "Payment Alert" is the method used to notify Forgery Services that a check has been lost, stolen, destroyed or not received. A Payment Alert (DHS 435A) does not stop payment on a check. It instructs the computer to send out a message when the check in question is paid. The state treasurer still pays the check.

Paid Check

A paid check is a check that has been negotiated and returned to the state treasurer for payment.

Outstanding Check

A check that has not been paid is still outstanding. Either it has not been negotiated or it has been negotiated but has not yet been submitted to the treasurer for payment.

Original Check

The original check is the first check issued to the payee for a specific payment.

Replacement Check

A replacement check is a check issued in lieu of an original check for the same obligation, same amount and same payee as an original check.

Payee

A payee is the person to whom a check is made payable. In the case of dual payee, both persons named on the face of the check are payees.

Forgery Packet

The Forgery Packet information is used to determine the validity of the request for a replacement check when the original check is cashed, and to facilitate recovery actions by the state when a fraud or forgery determination is made.

A forgery packet includes:

a. DHS 980 Interoffice Memo
b. DHS 597 Handwriting Exemplar
c. DHS 163 Affidavit. Claimant's Endorsement Forged
d. Photostat copy of the original paid check, front and back
e. Postal Lost Check Report
f. Signature page

PAYMENT ALERT

When a payee reports that a check is lost, stolen, destroyed or not received, payment alert procedures begin. The steps in this procedure are:

Local Office

1. Verify that an original check was issued. Verify the payee name; check number, amount and date of the check.
2. Have payee complete an Affidavit Concerning Lost Check (DHS138A). (Must be notarized). Do **not** alter after payee has signed (except for #5 and #6 below).
3. Research the paid check file (RCIQ) to determine if the check is paid or outstanding.
4. Call Forgery Services and give them the information required on the Payment Alert (DHS 435A). Forgery Services will assign a payment alert number to be written in the designated area of the 138A.
5. Write payment alert number on the DHS 138A.

6. Forward the original of the DHS 138A to the Forgery Services. If a replacement check is issued through Revolving Fund, write the replacement check number on the DHS 138A.
7. If the original check is returned, cancel it. If it is negotiated, you will receive a copy, front and back of the check, if the payee says it's not their signature , a forgery packet will sent to the branch.

REPLACEMENT CHECK

A replacement check may be issued upon completion of the payment alert and the DHS 138A if the original check is still outstanding.

If the original check has been negotiated and the payee claims it was stolen, the payee must show proof of having filed a Police Report before replacement can be issued.

Checks that are lost or stolen after they have been endorsed, are not replaced, unless the check was signed by the payee "for deposit only and account number." Destroyed checks that are signed must have identifiable (name, amount, check number) remnants to be replaced. Dual payee checks will only be replaced when:

1. The payee has stated the unendorsed check has been lost, destroyed or stolen; or
2. The payee has endorsed on the check, given it to the second party and the second party endorsed the check and it was lost destroyed or stolen. In this case the second party must complete the DHS 138A and sign a statement stating that if the original check comes in cashed; he/she holds the client harmless and will reimburse the state if the original check is negotiated. In this situation the replacement check can be issued to the second party only (no dual payee is needed).

Checks that have been "paid" should not be replaced prior to receiving a front and back copy of the check so that the payee may examine the signature, if upon viewing the check the payee states that it was not endorsed by them they must complete the forgery packet. It is important because then you can make a preliminary determination whether or not the payee negotiated the original check before a replacement is issued.

Five postal service working days from the date the original check was **issued** shall be allowed for delivery before a replacement check is issued. In addition,

an effort should be made by the branch to locate the original check through the local post office. In cases where the **unendorsed** original check has been lost or destroyed after receipt, the waiting period may be eliminated. There is no waiting period when replacing a destroyed, lost or stolen check. However, if an original check has been stolen, the check will not be replaced unless a police report is filed.

For OS Check:

1. Have payee sign DHS138A (must be notarized) and send it to Forgery Services.
2. Complete payment alert procedure
3. Complete Authorization for Special Cash Payment (AFS 437) using code 03 (see the reverse side of AFS 437).
4. The computer will generate a check and it will be mailed to the client, or in cases where **dire need** exists, a replacement check may be issued via **Revolving Fund**. Write the replacement check number on the AFS 437 and the DHS 138A. Send the 437 and the load sheet to General Accounting Unit Revolving Fund Clerk.

FORGERY PACKET

The forgery packet is provided to the branch by Forgery Services when the original check is returned from the State Treasury as a paid instrument, after the payee has viewed the check and stated that the signature is not theirs.

The forgery packet must be completed and returned to the Forgery Services as soon as possible. If forgery packets are not returned to Forgery Services within 20 days of their receipt by the branch, Forgery Services will return the original check to the State Treasurer pursuant to ORS 293.475. This action in many cases will result in legal proceedings against the agency and /or payee.

Upon receipt of the forgery packet, the local office will:

1. Have the payee review a copy of the paid original check and acknowledge whether or not the endorsement on the check is his/hers.

2. Have the payee complete the AFS 980:

    a. If the payee acknowledges the endorsement:

(1) Payee must so indicate on the AFS 980 and sign his/her name in the signature area.
(2) If a replacement check has been issued, complete an AFS 284 and forward
it to Overpayment Recovery Unit. A copy goes to Forgery Services with the packet.
(3) The balance of the forgery packet is not necessary.

b. If the payee does not acknowledge the endorsement:

(1) Payee so indicates in the designated area on the AFS 980 and completes the entire forgery packet.
(2) Return the forgery packet to Forgery Services.

If the payee is no longer available to complete the forgery packet, so indicate on the AFS 980 and return the packet to Forgery Services, also note, if the case has been closed and the date of closure.

On active cases where there is difficulty in getting the payee to come to the branch to complete the forgery packet, a "hold" on the payee's next check is suggested. This should result in the payee making an appearance in the branch office to review and complete the forgery packet.

SENIORS AND PEOPLE WITH DISABILITIES PROVIDER PAYMENT UNIT

The following procedure is to be used when replacing lost, stolen, destroyed and not received provider checks.

1. Local office has provider complete an Affidavit Concerning Lost Check (DHS 138A).

2. Local office telephones DHS Forgery Services at 503-945-5640, indicates that an affidavit has been completed by the provider and requests that a payment alert be done.

3. Forgery Services E-Mails the Provider Payment Unit indicating it is okay to start the replacement paperwork for a particular provider.

4. SPD Provider Payment Unit staff complete a Department of Human Services Provider Check request Form (DHS 1479). The form, along with supporting documentation, is routed to Disbursement's Unit.

   In completing the above documents, the requesting party shall not sign as the authorizing individual. The authorizing individual is normally the unit manager.

5. General Accounting Unit completes the necessary data entry to initiate a Replacement check (Warrant) through Department of Administrative Services. The check is mailed by DAS to the provider.

   Provider checks are not replaced in the branch.